

Request for Name Change on Mechanical Contractor License

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Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Mechanical Division
P.O. Box 30255
Lansing, MI 48909
517-241-9325

Fee: \$25.00

Authority: 1984 PA 192 Completion: Mandatory Penalty: License will not be issued	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Instructions

- Complete and sign application. Type or print in ink.
- Your signature must be notarized.**
- Your original pocket and wall license must accompany this request.
- If you are changing your company name you must complete the Construction Lien Recovery Fund Membership Application and submit the fee to the address provided on the card.
- P. A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- Enclose a check payable to the **State of Michigan**.
- Mail completed application, required documents, and fee to the address above.

Current Information

			LICENSE NUMBER
NAME			SOCIAL SECURITY NUMBER
ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Requested Name Change

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
List any licenses with the business name you now wish to represent for which you have previously paid into the Construction Lien Fund: License No. _____			
Except for sole proprietors, one or more of the following appropriate supporting documents must be attached to this application. Please indicate documents that are being submitted. Copy of D.B.A. A completed copy of the article of incorporation/organization Certified copy of certificate of co-partnership Employees verification of employment			

Certification

I hereby certify that the above information is true and accurate to the best of my knowledge.	
SIGNATURE OF MECHANICAL CONTRACTOR	DATE

Subscribed and sworn before me, this _____ day of

_____, _____, a Notary Public

in and for _____ County, Michigan.

(Signature of Notary Public)

My Commission expires: _____, _____.